



Maine Transit Association
c/o Director Transportation and Waterfront
City of South Portland
46 O'Neil Street
South Portland, Maine 04106

October 11, 2011

Ms. Michele Probert
Director of Managed Care Initiatives, Office of MaineCare Services
Maine Department of Health and Human Services
11 State House Station
Augusta, ME 04333-0011

Dear Ms. Probert;

The public transit providers of the Maine Transit Association appreciate the continuing effort that you have made to listen to issues that have come up during the development of the new model for Non-Emergency Medical transportation (NEMT) in Maine. With the posting of the "Q & A" document for the August 1, 2011 Stakeholder meeting, we wanted to make you aware of some additional areas that may negatively impact MaineCare's ability to launch a quality NEMT program in 2012.

Category / Issue

Broker Payment / Contract Term

With the current plan to execute 2-year contracts, a review of the first year of a new model of service delivery seems appropriate, including programmatic and financial measurements. Not having any rate review until the end of the 2nd year would provide a disincentive for a bidder to offer a lower capitated rate, since they would need to build in allowances for circumstances like increased fuel cost.

Is there a mechanism that would allow MaineCare to build a shared risk approach, similar to the Value Based Purchasing model being proposed?

Broker Payment

If trips outside a region are counted in the PMPM rate, potential bidders will be most challenged to estimate the frequency and cost associated with these Prior Authorized trips. Alternatively, trips requiring a P.A. could be carved out, since the P.A. review will continue, and MaineCare can monitor cost effectiveness on a case by case basis.

In the 5th item under Broker Payment, it states that the actuarial analysis done two years after implementation "will account for any additional changes to NEMT utilization."

Will this also be the basis for review of capitated rates?

Complaints & Appeals / Quality Measures

There is a broad definition of a “complaint” (last item under Quality Measures) and a member has the right to appeal all “adverse actions” (2nd item under Complaints & Appeals). However, the proposal would restrict the ability of the provider to take any action based on a member’s history of failure to provide adequate cancellation notice (Member Requirements) and disallows the suspension of members for any reason, including fraud and acts of violence (1st item Denial of Service). This runs contrary to existing practice, previously acceptable to CMS, that allowed a measured, appropriate response to these types of serious performance issues, established for all persons (not just MaineCare) utilizing all modes of transportation.

Denial of Service

The 2nd item under this category changes current practice of requiring 48 hour advance reservation to 36 hours. Since brokers are only required to maintain normal business hours, the only time a member would benefit from a change from 48 to 36 hour advance reservation would be if they were calling in outside of normal business hours, for a trip more than a day away, something that would be a less than typical occurrence.

Eligibility

Currently, members’ eligibility, available online, does not accurately reflect those circumstances when a member is NOT eligible for transportation. Examples: Pharmacy Only, Child & Family Services, Buy In, Drugs for the Elderly, Hospital only.

How will this be remedied?

Are the members listed above, who currently are NOT eligible for NEMT, included in the PMPM count? (See 5th item under Broker Payment: “Payments will be made to brokers based on all eligible MaineCare members each month...”)

Will the broker receive a list of which members ARE eligible for NEMT each month?

Escorts / Attendants

The requirement that all children under the age of twelve (12) be escorted to medically necessary appointments is not in line with current requirements applied to contracted services through the Child & Family Services Division of Maine DHHS. We would strongly suggest that those provisions, intended to apply to the most needy children (protective and substitute care) are more than sufficient for the general MaineCare population of children. Currently, any driver providing transport to a child is required to go through a criminal (SBI), and DHHS background check, receive training from a certified Child Safety Seat Technician on the correct use of child restraints, and receive Maine “Children’s Transportation Training”. It would seem that these standards would more than adequately address any concerns for children’s’ travel.

As proposed, providers would need to allocate additional seating, provide for the return of the adult to their point of origin for a multi-hour children’s program where the adult is not required, deny service to the child if an adult is not available at the time of pick-up, etc. How would MaineCare resolve the potential for denial of service if a child’s parent(s) works and is not available to accompany that child? (Example: pick child up from school, during school hours, transport to counseling; parent(s) working.)

Additionally, it states that if requested, the broker must cover the cost of an escort to ride public transportation with the member. Again, this goes beyond any requirement of the Americans with Disabilities Act, represents a practice that would be out of line with any service provided to any other member of the public, and would truly be a “premium service” for which there is no funding.

No Show

A definition of “no show” is provided, but no response to repeat no shows is allowed by the provider. Again, all riders of all NEMT and non-NEMT services in Maine now are aware of no show policies and know the specific graduated response to successive patterns of no shows. This is NOT a denial of service: all MaineCare members have access to reimbursement through the Friends and Family program if their repeat no-shows have caused them to lose temporary access to Agency vehicles and/or Volunteer Drivers. It is appropriate to have these types of performance measures in place for members in order for them to share accountability for NEMT services.

Provider Network / Service Coverage

The question of whether providers will be allowed to operate both “regular” vehicles with wheelchair lifts and ramps and the “wheelchair van” service which provides a higher level of rider care (3rd item Provider Network / Service Coverage) was not answered. The current geographic limitations on available wheelchair van service are based on decisions by for-profit companies as to what areas are financially viable to operate their service. If a NEMT provider were allowed to provide a range of levels of service, members’ transport needs could more adequately be met. This would be an approach that recognizes what is “on the ground” in a region and would build current capacity, a cost effective approach.

Quality Measures

It is stated (4th item Quality Measures) that all drivers, including volunteers, be equipped with cell phones or radio devices that will enable them to contact the broker. We continue to raise the concern that there are significant areas in the state where there is no cell phone or radio coverage.

Additionally, if a driver does have a need to contact someone, wouldn’t it be the provider for whom they work, rather than the broker?

The definition of “Urban” and “Rural” offered (6th item Quality Measures) appears to be a convoluted approach to determining the measure of timeliness which should apply to a trip; there should be more direct ways other than using 10 year old Census data intended to show commuting patterns. A preliminary look at some towns in Maine show they are comprised of more than one zone, with both urban and rural sectors, raising the question:

How this would work in a real life setting wherein a person picked up on one side of a boundary street would have a different set of standards applied to their trip that a person on the other side?

System Costs

NEMT providers have already seen significant cuts in income due to 1) the discontinuation of the separate rate structure for “Free Standing Day Habilitation” waiver members, with all rates standardized at the existing MaineCare mileage plus Base Rate reimbursement levels, and 2) the subsequent 6.5% rate cut. These are the reasons for the significant decrease in cost for NEMT services from SFY10 to SFY11.

The Department, on numerous occasions, stated that these changes would be undertaken in a “Cost Neutral” way, although initial estimates developed by the providers of those services showed a substantial savings would accrue to the state. In fact, providers calculations proved to be correct and the Department has achieved substantial savings.

We thank you for your review of these issues. Our intent is to assist MaineCare’s goal to create the highest quality NEMT model feasible in Maine, keeping it as flexible and reflective of the needs of members in Maine, while meeting CMS regulatory guidance.

Please feel free to contact me with any questions or requests for clarification at 767-5556 or tmeyers@southportland.org

Sincerely,



Tom Meyers
President, Maine Transit Association